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ABSTRACT

A survey of 36 Maryland public school systems and public and nonpublic special education schools investigated the range and intensity of Acquired Immune Deficiency Syndrome (AIDS) prevention education for students with disabilities. The survey found that the delivery model in most public schools was that of a regular educator and special educator both delivering AIDS prevention education. Although all systems in Maryland are required to provide inservice training for all faculty and staff about AIDS, only eight districts reported providing special education teachers with this inservice training, and only one school system reported that the inservice was different for special education teachers. Instructional procedures used included having a separate or adapted AIDS prevention curriculum for students with disabilities, using adapted materials, and assessing the mastery of competencies of students with disabilities. All of the public school systems indicated that they sent parents information about AIDS, while only two nonpublic special education schools did so. Schools reported a need for curricula, instructional materials, parent education, and staff development. Preservice and inservice teacher education recommendations are offered. The importance of collaboration between the regular health educator and the special educator is emphasized. (JDD)

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DELIVERY OF AIDS PREVENTION EDUCATION TO STUDENTS WITH DISABILITIES: IMPLICATION FOR PRESERVICE AND INSERVICE EDUCATION

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Abstract:

This article presents the results of a survey conducted in collaboration with a state department of education to look at the delivery of Acquired Immunodeficiency Syndrome (AIDS) Prevention Education to students with disabilities. The survey participants included public school systems and non-public special education facilities in the state of Maryland. In addition to the overall delivery of AIDS Prevention Education to students with disabilities, it further looked at needs of those providing the educational services. It further presents implications from the findings on preservice and inservice education for educators providing AIDS Prevention Education to students with disabilities.

On March 30, 1988 the Maryland State Board of Education (MSDE) adopted an AIDS Prevention Education bylaw that mandates that all local school systems implement instruction on AIDS prevention. Because AIDS prevention education may be controversial, the Maryland State Board of Education mandated community involvement to be met through an advisory committee. The Interagency Committee on AIDS Education, the MSDE and the Maryland

Department of Health and Mental Hygiene developed AIDS Prevention Guidelines for the Schools. This group addressed AIDS education for the special education student in the following way:

> "Students with special needs must be provided education about AIDS prevention. Decisions concerning programs and services needed and provided to these students are made on an individual basis by Admission, Review, and Dismissal (ARD) Committees. Therefore, decisions concerning provisions for specially-designed instruction in AIDS prevention education, the setting in which it will be taught, and other required modifications also should be made by the Admission, Review, and Dismissal Committee. Many special education students may require only minor modifications in the regular curriculum and, therefore, may be able to receive AIDS prevention education within the general education program." (AIDS Prevention Guidelines, 1988, p. 4)

The National Forum on HIV/AIDS Prevention Education for Children and Youth with Special Education Needs held January 31-February 2, 1989 concluded that,"All children, including special education students, need health education which includes HIV/AIDS Prevention education." (p.25).

MSDE addressed the service delivery issues regarding HIV/AIDS prevention education in the following way:

> "Care should be taken in the selection of school staff to implement the AIDS prevention curriculum with students who need specially-designed instruction. The school staff selected should be provided appropriate staff training on presenting information about HIV/AIDS to this population. Materials, resources, and techniques should be made available to assist teachers in designing appropriate programs. School staff must be made particularly sensitive to concerns from parents about the participation of handicapped children in AIDS prevention education. Parent awareness about the information to be presented to their children will help to assure the success of AIDS prevention education for handicapped students. (AIDS Prevention Guidelines, 1988, p. 5).

The National Forum on HIV/AIDS Prevention Education for Children and Youth With Special Education Needs meeting in 1989 further recommended that an approach involving classroom collaboration of health educators and special educators was an effective model for delivering HIV/AIDS prevention information to students with special needs. The Council for Exceptional Children (CEC) and the Association for the Advancement of Health Education (AAHE) now deliver training in "Team Approach to Teaching HIV Infection and AIDS Prevention to Children with

Special Needs" to CDC funded state and local education agencies.

The Centers for Disease Control (CDC) claims that since the first cases of AIDS were reported in the United States in 1981, the HIV that causes AIDS and other related diseases has created an epidemic unprecedented in modern history. The Centers for Disease Control estimate that as of March, 1992 approximately 1 million people in the United States had tested Human Immunodeficiency Virus (HIV) positive and that approximately 77,078 were living with AIDS (Centers for Disease Control, 1992). Theodore A. Kastner (1992) has studied the incidence of HIV in individuals with developmental disabilities and identified 98 adults with developmental disabilities and HIV infection. He further estimated that as many as 500 adults being served in the developmental disabilities system may have HIV (pp. 127-132). Bell, Feraios, and Bryan (1991) found that students with learning disabilities in their study lacked knowledge about casual transmission and prevention of AIDS and concluded that this inclusion and need should be considered in AIDS

prevention education. Because the virus is transmitted almost exclusively by the behaviors that individuals can modify, educational programs to influence relevant behavior can be effective in preventing the spread of HIV.

Purpose

The purpose of this study was to investigate the range and intensity of AIDS prevention education for students with disabilities in the state of Maryland and to make preservice and inservice teacher education recommendations based upon the information gathered. The study was a collaboration effort between members of the Local Education Agencies (LEA's), non-public special education schools in Maryland, State Education Agency (SEA), representatives, parents, a student and a college representative. Specifically the study addressed the following six questions each of which deals with the provision of AIDS prevention education to students with disabilities and with implications for preservice and inservice teacher education.

1. What delivery models do LEAs and non-public special education schools use for providing AIDS Prevention Education to students with disabilities?

2. Are special education teachers being provided inservice training in AIDS Prevention Education?

3. What methods and procedures are being used in providing AIDS Prevention Education to students with disabilities?

4. Do school systems perceive that parents of students with disabilities see their children with disabilities at risk for AIDS, and are school systems providing parent education regarding AIDS?

5. What needs do school systems have regarding AIDS Prevention Education for students with disabilities?

6. What are the implications for preservice and inservice training of special education teachers in regard to AIDS Prevention Education?

Method

The population for this study consisted of all 24 local school systems in Maryland, 24 non-public special education schools in Maryland belonging to Maryland Association of Non- Public Special Education Facilities (MANSEF) and to the Maryland School for the Blind and the Maryland School for the Deaf. Surveys with an explanatory cover letter and a pre- stamped and addressed return envelope were mailed to each potential respondent. Specifically, in the local school systems the mailing went to the Health Coordinator and Special Education Coordinator. In the non-public special education facilities and the two public facilities, the mailing went to the school director.

Subjects

A total of 36 surveys were returned with one from a public facility, 17 from LEA's and 18 from non- public special education facilities, 17 making an overall return rate of 73% and information received from 79%.

Three additional school systems returned narratives in

lieu of the survey, and two school systems reported by phone.

Six of the 18 surveys returned from non-public special education schools were not completed, because the schools serve preschool students with disabilities.

Thirty-two usable sources of information were used in the interpretation which is 67% of the sources requested.

Instrumentation

The survey was developed by an evaluation team consisting of a student, a parent, a special education teacher, a health teacher, a nurse, a health specialist with the MSDE and a teacher educator. HIV/AIDS Prevention Education Guidelines and Curriculum in Maryland were utilized for background information. The MSDE Report on the Status of HIV/AIDS Prevention Education Questionnaire was used as a model, since all local school systems were to receive the two documents concurrently. The instrument was field- tested and refined by members of the LEA's. Survey items covered a) numbers of students with disabilities receiving AIDS Prevention education and the delivery model, b) type of teacher inservice

available, c) methods and procedures, d) curriculum and materials, e) parent's perception of their child's being at risk and parent education, f) needs school systems have, and, g) an open section for comments on future plans for programs in HIV/AIDS Prevention Education for students with disabilities.

Data Collection and Analysis

On the first section of the survey instrument, participants were asked to fill in numbers of students receiving HIV/AIDS Prevention education, their level of special education service and grade level and whether the delivery model was collaborative. The second section of the survey asked questions relating to procedures and methods which were answered by yes/no. Specifically the discussion of AIDS Prevention Education in the Individual Education Program (IEP), separate curriculum, adapted materials and assessment of competency achievement were addressed in this section. The third part of the survey addressed inservice training which was broken down into whether the teachers of AIDS prevention education were receiving inservice training and if there were any

differences in training for inservice teachers who would teach the material to students with disabilities. Section IV of the survey asked whether school systems perceived that parents of students with disabilities saw their students at risk and whether efforts were made to educate parents. In the fifth section of the survey schools and school systems were asked whether they had received additional funding to finance teaching AIDS prevention education to students with disabilities. Section V of the survey addressed needs the schools and school systems felt in providing AIDS prevention education to students with disabilities. The categories included curriculum guides, inservice, materials for instruction, parent education, and staff development. In the open- ended section of the survey, respondents were asked to share any plans they had for the future teaching of AIDS prevention education to students with disabilities.

Results and Discussion

A summary of AIDS Delivery models for students with disabilities is presented in Table 1-A. The delivery model occurring most often is that the regular educator and special educator both deliver AIDS prevention education in most of the public schools. A further breakdown of these numbers revealed that for most students being mainstreamed into regular Health, Biology, Home Ec. etc. classes , the regular educator was providing their AIDS prevention education. One school system and all the private schools reported that the special educator provided AIDS prevention education to all disabled students. In only six systems were the special educator and health educator reported collaborating to deliver AIDS prevention education to students with mental disabilities.

Insert Table 1 about here.

Inservice

A summary of AIDS prevention inservice for Special Education service is presented in Table 1-B. Although all systems in Maryland are required to inservice all

faculty and staff in AIDS, only eight LEA's reported inservicing special education teachers to teach AIDS Prevention, and only one school system reported that the inservice was different for special education teachers.

Methods and Procedures

A summary of methods and procedures used in the delivery of AIDS prevention education to students with disabilities is presented in Table 1-C. One LEA and one non-public special education school reported discussing AIDS prevention education in the students' team meeting, one public agency and one non-public special education facility reported including AIDS prevention education in the IEP, five LEA's reported having had a separate or adapted AIDS prevention curriculum for students with disabilities, nine LEA's reported using adapted materials and four LEA's reported assessing the mastery of competencies of students with disabilities in regard to AIDS prevention education. Five non-public special education schools reported using adapted materials, and four reported assessing the competency of students with disabilities in AIDS prevention education.

Parent Awareness

A summary of parents' perception is presented in Table 1-D. Five LEA's and five of the non-public special education schools reported that they perceived parents of students with disabilities as seeing their children at risk for AIDS. All of the public school systems responding indicated that they sent parents information about AIDS, while only two of the non-public special education schools sent parents information about AIDS.

Needs

A summary of the needs both public school systems and non-public special education schools are experiencing in providing AIDS prevention education to students with disabilities is provided in Table 1-E. Five of the LEA's and ten of the non-public special education schools indicated a need for curriculum. Although the state of Maryland provides a curriculum framework for health education and AIDS prevention within the comprehensive model, local school systems generate their own specific curriculum. Any adapting of the curriculum is carried

out on the local level. Parent education was reported to be a need in six of the LEA's and in six of the non-public special education schools. Staff development was seen as a need in 9 of the LEA's and in 4 of the non-public special education schools. Seven LEA's reported needing inservice and eight non-public special education schools indicated a need for inservice. Five LEA's reported needing materials for instruction while nine of twelve non-public special education schools indicated the need.

Plans for Future

Very few responses were given to the open- ended question asking for future plans for the provision of AIDS Prevention Education for students with disabilities; all reported were related to the topics already listed. Yet, the comments on plans included more plans for collaboration and inservice than any other areas.

Conclusions

The results of the study indicate some general trends in

the provision of AIDS Prevention Education both in the public school systems and in the non-public special education schools in Maryland. The incomplete response rate demonstrates the difficulty of collaboration occurring between regular health educators and special educators, because information was based on responses that required collaboration. If collaboration is going to occur systematically among teachers, it will have to occur among coordinators first. It should be noted, however, that the information regarding numbers of students was not available because of different data gathering systems and would not have been accessible even with collaboration. If the public school system intends for all students to receive AIDS prevention education, students with disabilities may require specially adapted curriculum, and specially trained teachers, but in many cases that can take place in collaborative teaching arrangements between the regular health educator and the special educator.

Implications for Preservice and Inservice Training of Special Educators

Preservice-Integration into preexisting courses. The National Forum on HIV/AIDS Prevention Education for Children and Youth with Special Education Needs (1989) recommended preservice training. At the preservice level students are being asked to master more regular education competencies in addition to mastering competencies in teaching special education. The question asked is whether the preservice offerings should contain a course for special education majors on teaching AIDS or on teaching comprehensive health. All special education teacher education students at the preservice level should learn about AIDS. Firkaly (1991) points out that their special education students may not be enrolled in the regular classes where HIV education is provided, and it may be up to the special education teacher to present the information (p. 34).

Students with AIDS may be placed in a special education teacher's class when the disease begins interfering with learning. The student may already be in special education at the time he is found to be HIV positive.

What can be included at the preservice level to enable our students to deliver this content? 1) basic education and sources of information on AIDS, which also includes sexuality, abstinence, condoms and homosexuality 2) Collaboration Skills 3) strategies and techniques for teaching decision-making, adapting curriculum materials, compassion, cultural sensitivity, the role of comprehensive health in the curriculum, and an examination of attitudes toward teaching students with AIDS.

The National Forum on HIV/AIDS Prevention Education for Children and Youth with Special Education Needs recommended preservice training consisting of training materials, training of trainers and collaboration between departments of health education and special education (p. 27). It does not matter whether the regular or special education teacher is assigned to teach AIDS Prevention Education, the special education teacher is going to be teaching about AIDS formally or informally.

Inservice Recommendations

Special education teachers who have received preservice

AIDS prevention education will continue to need inservice on AIDS prevention education. The National Forum on HIV/AIDS Prevention Education for Children and Youth with Special Education Needs (1989) also recommend inservice training.

The inservice should include:

- Students with Special Health Care Needs
- Update on HIV/AIDS content
- Participation in inservice for regular teachers who have special education students mainstreamed into their classes.
- Attitudes
- Choices in developing and purchasing new curriculum and new materials that are appropriate for students with disabilities.
- Methods for evaluating students acquisition of the skills and information

According to Scheer (1991) a teacher needs three things in order to appropriately respond to HIV- related questions: 1) a strong knowledge base of HIV content, 2) a clear understanding of child development and 3) an approach that allows children to feel at ease in expressing their concerns and questions. According to

AAHE teachers who feel uneasy about any of the three areas should not be forced to teach about HIV and AIDS without proper training. A student should not be deprived of the education, however, so teachers must be trained to provide the information.

The National Forum on HIV/AIDS Prevention Education for Children and Youth with Special Education Needs recommended that inservice training consist of training materials for teachers and administrators, training of trainers and collaboration among coordinators of health education and special education programs.

Summary

HIV and AIDS prevention education must be taught to students with disabilities and is best taught in a comprehensive health curriculum. In order to best serve students with disabilities, a collaborative service delivery system is recommended with the regular health educator and the special educator working together to make certain that students with the skills they need to

protect themselves from the disease. It is not only an additional part of the curriculum; it is a necessary part of the curriculum.

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